| | | | | SION OF HEA | LTH - STAND | | | | | = | 62-02 | 9432 |
|-------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------|-------------------------------------------|-----------------------|---------------------------------------|---------------------------|---------------------------------|---------------------------------------|
| DO NOT WRITE | T WRITE AMENDED | | | Registration District No | 317 Prim | nary Registration | District No. 5 | H-4 Registrar's | No. 20 | <u> </u> | STATE FILE N | UMBER |
| ON THIS STUB | | | ĮΞ | 1. PLACE OF DEATH | | | | | | | | Residence before |
| VS 300 | <u>a</u> | | | *-COUNTY St. | Louis | | | a. STATE | issouri | b. COUNTY | St. Louis | edmission) |
| Rev. 4/59 | AMENDED | | | b. CITY (If outside car OR | 1b C. CITY | c. CITY OR | | | | | | |
| 1403 | AM | | - | TOWN KIT | kwood NOT in hospital, give locat | lion) | 1 hr | | Kirkwoo | | give location) | Reside on Farm |
| 24003 | DATE | | _ | HOSPITAL OR | Joseph Hosp | • | Yes No | II ADDRESS | 9715 B1 | g Bend I | - | Yes No |
| 3 | | | - | 3. NAME OF DECEASED (Type or print) | First | - 1 | Middle | Last | 4. DA1 | | onth Day | Year |
| 4 4 | | | I | | JOSEPH_ | | H. | FREEMAN | DEA | [™] July | 8 | 1962 |
| 5 / | | | l | s. sex Male | 6. COLOR OR RACE White | Widowed [| _ | 2-2-191 | 9 43 | | Months Days | R IF UNDER 24 HR Hours Min. |
| a , | ဖွ | | , | | (Give kind of work done og life, even if retired) | Gas St | | JSTRY 11. BIRTHPLA | | | | WHAT COUNTRY |
| 7 1 | FOLLOW | | - | Attendant 3a. FATHER'S NAME | | | OTHER'S MAIDEN N | | en, Okl | | HUSBAND OR WIFE | |
| | ᅙᆝ | 111 | ì | Charles Fre | eman | 1 1 | Abby Unkno | own. | | Dorie | Freeman | |
| 8 0 | AS | | | | IN U.S. ARMED FORCES? | | YCIAL SECUDITY N | O. 17. INFORMAN | 1 | | Address | |
| 9/1 200 | E | | _ _ | Yes | yes, give war or dates of www. II | line | | Doris | Freema | n _e e | <u>abov</u> | 'e NTERVAL BETWEEN |
| 10 | ⋖ | IB. CAUSE OF DEATH (Enter only one cause per line PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Author anterior Consumption bosts Conditions if any 3. DUE TO (b) A S A T | | | | | | | | | NSET AND DEATH | |
| | ା ଠାଁ ନ | | | | IMMEDIATE CAUSE (a) | ame | aneno | La Calcara | LANO | - حرباري | / | nour |
| 12/4/6- 6 | ₩ <u>₩</u> | | | Condition | ns, if any,] DUE TO (b | 175H | 12 D | | \ | | 6 | months |
| 13 | THIS | | | which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Conovery artery Descore (b) | | | | | | | months | |
| | 0 | | <u>z</u> | PART II. | OTHER SIGNIFICANT C disease condition given i | ONDITIONS CO | NTRIBUTING TO D | PEATH but not relate | d to the term | ninal PART | III. If deceased there a pregna | was female wa ancy in last 90 days |
| C INK | STS | | iCA1 | | | | | | | } | ☐ Yes ☐ | No Unknow |
| | AMENDMENTS | | CERTIFICATION | 19. WAS AUTOPSY PERFORMED? YES NO | 20a. ACCIDENT SUICID | HOMICIDE | 206. DESCRIBE | HOW INJURY OCCU | RRED. (Enter n | ature of injury i | n PART I or PART I | l of item 18.) |
| | AME | | MEDICAL | 20c. TIME OF Hour INJURY a.m. p.m. | Month, Day, Year | | · | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | 1 | 20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT W | ☐ farm, f | OF INJURY (e.g actory, street, of | ., in or about home ffice bldg., etc.) | , 20f. CITY, TOWN | , OR LOCATIO | ON | COUNTY | STATE |
| | READ | | | 21. I attended the dec | ceased from 12-/ | 3-50 | , 10 | My 8 67 | Z and last saw | her alive on_ | July 8. | 62_ |
| - B | | | | Death occurred at | · | _11:00 | p_ m or | n the date stated abo | | | wledge, from the | causes stated. |
| USE BLACK OR TYPEWRITER | вноигр | 1 9 | | 22a. SIGNATIVE | e Part | ree or title) | MD | 22b. ADDRESS | | ancheste | | 22c. DATE SIGNE |
| - | | AFFIDAVIT | -2 | 3a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME | OF CEMETERY OR | CREMATORY | 23d. LOCA | nis 17 TION (City, for | vn, or county) | (State) |
| | o N | | | Burlai | | | Hill Cem | etery | St. | Louis C | o. Mo. | |
| | TEM | BY A | 2 | 4. FUNERAL DIRECTOR | | RESS o | 25. | DATÉ RÉCD. BY LOCA | AL REG. 26. | REGILLAR | SIGNATURE | turbert. |
| | <u>-</u> | | 1 _ | ONI DO DAIL | TH, Maplewood | | nsed Embalmer's St | tatement on Reverse S | iide) | | - 0 | |
| | | | | | | 12.01 | | | | | | |

STATEMENT BY LICENSED EMBALMER

| I hereby certify that the body whose name | is recorded on the reverse side of this certificate was embalmed by me, |
|-------------------------------------------|-------------------------------------------------------------------------|
| or by | , Student Embalmer No |
| working under my personal supervision. | Signed Melvin Bartlar |
| StudentSignature of Student Embalmer | Signed / / CCC / CCC |
| | Licensed Embalmer No. 4903 P. O. Address At. Louis |
| | P.O. Address At. Pouco |

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply, with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.